



**CITY OF
LOS ANGELES**

ENCINO NEIGHBORHOOD COUNCIL

(A CERTIFIED NEIGHBORHOOD COUNCIL)
MAIL: P. O. BOX 260439
ENCINO, CA 91426-0439
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(818) 255-1040
WWW.ENCINOCOUNCIL.ORG

OFFICERS

JOEL SIMON
PRESIDENT

ROB GLUSHON
VICE-PRESIDENT

JESSE WOODS
TREASURER

SHERMAN GAMSON
SECRETARY

GERALD R. SILVER
SERGEANT AT ARMS

PLANNING & LAND USE COMMITTEE CHECKLIST FOR ITEMS TO BE PUT ON THE AGENDA

Applicant Name _____

Contact Name _____ **Tel.** _____ **Email** _____

Property /Site Address or Issue _____

Stakeholder Name (if applicable) _____

Address _____ **Tel.** _____ **Email** _____

- Master Land Use Application including attachments with info and proposed findings**
- Site Plan**
- Plot Plan**
- Adjacent Owners and Occupants List (from radius map)**

Proposed Agenda Date _____ **Time** _____ **Location** _____

**Date of Mailing Notice
to Neighbors/Applicant** _____

**Date of Mailing/Emailing
Documents to PLU** _____

Date of Agenda Posting _____

Applicant shall provide computer friendly form to be distributed to Committee with at minimum 10 days notice for reviewing by PLU Committee Members.